

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FREE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.S	043	2-15-1
RESPONSE FORMALITY REVIEW	AM	825	5/24/01

## **INDEX OF CLAIMS**

<input checked="" type="checkbox"/>	Rejected	N .....	Non-elected
<input type="checkbox"/>	Allowed	I .....	Interference
<input type="checkbox"/>	(Through numeral) ... Canceled	A .....	Appeal
<input type="checkbox"/>	Restricted	O .....	Objected

Claim	Date
Final	
Original	3/18/84
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	0
21	0
22	0
23	0
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	0
36	0
37	0
38	0
39	✓
40	✓
41	0
42	0
43	✓
44	0
45	✓
46	✓
47	✓
48	0
49	✓
50	✓

Claim	Date
Final	
Original	5/25/04
51	07/12/04
52	✓
53	0
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
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Claim	Date
Final Original	
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here